

STRATEGIES TO IMPROVE PATIENT'S EXPERIENCE IN THE HOSPITAL SETTING: A SCOPING REVIEW PROTOCOL

Authorships: Sara Jorge, MSc (sara.graca.jorge@gmail.com)^{2,4}; Diana Cunha, MSc^{1,2}; Raquel Marques, MSc^{2,3}.

Authors' affiliation: ¹Direção-Geral de Reinserção e Serviços Prisionais; ²Universidade Católica Portuguesa; ³Clínica Sagrada Esperança; ⁴Hospital Cuf Tejo.

INTRODUCTION

- Patient's experience: set of interactions resulting from an organizational culture, which influence the patient, in care throughout time (1).
- It is through the unique patient's experience that the quality of care provided is revealed and it can be used to target quality improvements (2).
- Since Donabedian's work in 1980, the definition of healthcare quality has been the center of debate and has undertaken considerable changes (3–5).
 - Quality of care is defined as having three domains: Patient safety; Clinical effectiveness; Patient experience (6).
- Hospitals with good quality performances have better clinical results, decreased use of services, reduced healthcare-associated infections, greater compliance, safety culture, higher profitability (7–10).
- Patient experience has three domains: effective communication; respect and dignity; emotional support. (Can be modified by factors that influence patient's experience by affecting their needs, expectations, values) (11).
- This protocol used the methodology proposed by Joanna Briggs Institute (JBI) for the conduct of scoping reviews as a framework (12).

AIM:

To map and analyze the evidence on strategies to improve the patient's experience in the hospital setting.

GUIDING QUESTION

What strategies have been implemented to improve patient's experience in the hospital setting?

METHODS

Eligibility criteria

Participants

- Adults (18 years and older)
- Hospital inpatient or outpatient
- We will include studies addressing both adults and children if data provided for adults are clearly stated independently.

Concept

- All studies related to the patient's experience.

Context

- Hospital setting.

(Three-step) Search strategy

1. Limited search: MEDLINE, CINAHL complete; PROSPERO:

- To analyze the title and abstract, as well as the index terms. The initial English language keywords to be used will be: "patient experience", "improv*" and "strategies".

2. New search using the identified keywords and index terms:

- MEDLINE; CINAHL; Nursing & Allied Health Collection; Cochrane Plus Collection; MedicLatina; SciELO.
- Open Grey; NICE; RCAAP.

3. Manual screening of the reference list of all identified sources (no language or timeframe restriction).

Study selection

First phase – titles and abstracts will be scanned before retrieving full articles. Those will be assessed against the inclusion criteria.

Second phase - full texts will be assessed for eligibility, and the residual publications will be put forward for data extraction. Each phase will be completed by two reviewers independently. Any disagreement requires consensus or the decision of a third reviewer. PRISMA-ScR will help summarize the process to ensure transparency. All results will be stored using Mendeley. The studies will be downloaded into Rayyan QRCI, having the blinded option on for all reviewers, for screening.

Data extraction

Data from the included studies will be obtained using an adaptation of the data extraction instrument provided by JBI (12).

- This instrument will take consideration if a qualitative or quantitative study is presented and might be updated if necessary.
- For this, two reviewers will chart three studies to ensure all relevant data is extracted and, afterwards, decide whether the instrument is adequate or not.
- Any disagreement or uncertainties will be solved by discussion to reach a consensus or, when this fails, by the decision of a third reviewer.

Data presentation

To successfully present a summary of the reviewed material, a tabular synthesis will be provided. However, the planned presentation might undergo some changes as the scoping review progresses.

